maintaining a register of medical practitioners. Persons possessing recognised medical qualification and fulfilling eligibility condition as prescribed by respective Universities are eligible for higher studies.

अखिल भारतीय आयुर्विज्ञान संस्थान में बेकार पड़ी आयातित मशीनें

2528. श्री राघवजी :
श्री एम०एल० कुरुप :

क्या प्रधान मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या सरकार का ध्यान 28 जुलाई, 1997 के "द हिन्दुस्तान टाइम्स" में "इम्पोर्टेड मशीन्स लाइफ सेविंग पेशेन्ट्स" शीर्षक से प्रकाशित समाचार की ओर दिलाया गया है ;

(ख) यदि हां, तो इस पर सरकार की क्या प्रतिक्रिया है ;

(ग) गत तीन वर्षों के दौरान अखिल भारतीय आयुर्विज्ञान संस्थान में उपयोग किए जाने हेतु पायलट की गई मशीनों का ब्यौरा क्या है और ये मशीनें किन किन देशों से आयात की गई थीं और इनके आयात पर कितनी-कितनी धनराशि खर्च की गई थी ;

(घ) क्या मंत्रालय ने इन मशीनों के उपयोग/कार्यान्वयन के बारे में स्वयं अथवा अन्यथा किसी स्तर पर समीक्षा की है ; यदि नहीं तो उसके क्या कारण हैं ; और

(ङ) क्या सरकार इन आयातित मशीनों को अव्यवहार्य अथवा बेकार घोषित करके उन्हें नई मशीनों से बदलेगी ; यदि हां तो कब तक ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती रेणुका चौधरी) : (क) जी, हां ।

(ख) संस्थान ने सूचित किया है कि लैब मेडिसिन विभाग के लिए संस्थान द्वारा आयातित केवल एक मशीन की संस्थापित किया जाना बाकी है ।

(ग) संबंधित सूचना एकत्र की जा रही है और राज्यसभा के पटल पर रख दी जायेगी ।

(घ) संस्थान एक स्थायी/सांविधिक निकाय है और इसके विभिन्न विभाग अपने उपस्करों का स्वयं स्थानीय/समीक्षा के लिए जिम्मेदार हैं ।

(ङ) चूंकि यह संस्थायत्ता में एक स्वायी संगठित है जो योजनेतर बजट के अन्तर्गत बदलने के बाद में नये उपस्करों के लिए विभागीय स्तर पर प्राप्त मांगों की समीक्षा करता है ।

Scheme of Heart Care Foundation for poor Heart Patients

2529. SHRI AKHILESH DAS: Will the PRIME MINISTER be pleased to state:

(a) whether Government's attention has been drawn to the news-item published in the Hindu, dated the 28th July, 1997 to the effect that Heart Care Foundation of India has launched a scheme for patients of acute heart attack who cannot afford the high price of the life saving drugs; and

(b) if so, what are the salient features of the scheme and the details related to the patients treatment and reimbursement of the cost of the life saving drugs?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) The information is being collected and will be laid on the table of the House

Contaminated Mineral Water

2530. SHRI DIPANKAR MUKHERJEE: Will the PRIME MINISTER be pleased to refer to answer to Unstarred Question 209 given in the Rajya Sabha on the 24th July, 1997 and state:

(a) whether Government's attention has been drawn to the news-item

captioned "Mineral Water a minefield Of coDlaminatton" published in the Financial Express dated the 17th July, 1997;

(b) if so. Governments reaction thereto;

(c) the specific action plan t_0 ensure quality of mineral water as per standard specifications, including the genuineness of the source;

(d) whether Bureau of Indian Standard, ha_s been approached for fixing standards and certification; and

(e) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHiURY): (a) Yes, Sir.

(b) and (.c) The standards for mineral water have been laid down under P.FA, Rules, 1955. The State/U.T Governments check the quality of mineral water a_s per specifications laid down under P.F.A. Rules, 1995 from time to time. The Food(Health) authorities of the States/ U,Tl have been asked to keep a vigil on quality »f mineral water.

(d) and (e) The Bureau $_0$f Indian Standards has already formulated the specifications for mineral water.

Recommendations of Central Council of Health and Family Welfare

2531. SHRIMATI JAYANTI PAT-NAIK; Will the PRIME MINISTER be pleased to staie:

(ai tin number $_t$,f meetings convened by the Central I ,,umil $_0$t Health and Family Welfare during the last three years;

<b) tlu d.wiu .,i recaoueni made by tin- Council in $_{ull}$matters concerning health and family welfare;

bj the steps taken by $C,_0$||, to. implement their reconimendaiin,,,. ind

(d) the progress made by different states in achieving the job of family welfare programmes set under the National Health Policy?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Two Conferences of Central Council of Health & Family Welfare, one in October 11-13, 1995 and the other in January, 5-10, 1997 were held during last three years.

The recommendations of the Fir ence of the Council interalia include.

(i) Implementation of the fami welfare programmes on the basis the Target Free Approach.

(ii) Exposure of the children i school going age to health edu tion to promote healthy lifesty and health hygiene.

(iii) Increasing the effective a of marriage and promotion of I formation, education and co tion in the community delay the first birth.

(iv) Strengthening of prima secondary and tertiary health c delivery system.

(v) Modification of service ru in the Central and State Gove ments and in their undertaking ensure that the two child norm adopted by their employees.

Introduction of a Bill in Parliament for disqualifying p sons with more than two childr prospectively, from being elected Parliament.

(vi) Development of epidemi gical surgeillance and support tem to control the outbreak diseases.

(vii) Various measures to co eradicate communicable and n communicable diseases like mala